KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS PO BOX 1360 FRANKFORT KY 40602 502.564.3296 EXT 239 http://lpc.ky.gov

APPLICATION FOR LICENSED PROFESSIONAL CLINICAL COUNSELOR AND LICENSING VIA ENDORSEMENT FOR RECIPROCITY

CHECKLIST FOR SUBMISSION

□ \$150.00 Fee made payable to the Kentucky State Treasurer

	Section 3 (Verification of Professional Counseling Expapproved clinical supervisor held. Have provided proof of passing national exam scores			arate Section 3 is required	d for each board
	If applying for licensure via endorsement for reciprocit If applying for licensure via endorsement for reciprocit If applying for licensure via endorsement for reciprocit passing national exam scores and documentation of s	y please submit verifi y, and you have beer	cation of license in othe independently licensed		
PLEASI	E COMPLETE ALL OF THE FOLLOWING				
Name	(this is the way your name will appear on certification	te) Pro	esent place of emp	ployment	
Addre	ss	Ad	dress		
Addre	ss	Ad	dress		
City	State Zi	p Cit	у	State	Zip
Home	telephone number	Pro	esent place of emp	ployment telephone	#
Home	e-mail address	Pro	esent place of emp	ployment e-mail add	dress
Social	Security number				
1. Are If ye	you credentialed as a professional counselor in any es, Name of credential	y other state?	State	No	Yes
	ou or have you ever held any other license, certifica	ate, or registration fr	om at state board in K	Centucky or any other sta	ite?
3. Are	you seeking endorsement (Refer to KRS 335.527 in	Laws and Regulation	ons)	No	Yes
4. Hav	re you held a certification/license/registration in KenNoYes If Yes, give details and attack				
5. Ha	ve you ever been convicted of a felony or a misdem	eanor (other than m	nor traffic violations)	under the laws of any sta	ate in the
51			Attach supporting docu	umentation)	

Applicant's Name	
contained herein is true, correct, and complete to that, should an investigation at any time disclo	certify under penalty of law, that the information the best of my knowledge and belief. I am aware se any such misrepresentation or falsification, my evoked by the Board. Furthermore, I agree to abide proved by the Board.
APPLICANT'S SIGNATURE:	
(Sign your name)	DATE
(Print your name)	
SECTION 2	EXPERIENCE
held relating to the professional experience you wish to do of experience in the practice of counseling, all of which must must be under approved supervision and shall include,	a and list fully and accurately the details of each job you have cument. You must have completed a minimum of 4,000 hours at have been obtained since obtaining the master's degree and but not be limited to, a minimum of 1,600 hours of direct and a minimum of 100 hours of individual, face-to-face clinical outh direct and indirect.
	Describe your duties:
Employed: From: MoYr To: MoYr	
Title of Position	
Name of Employer/Agency	
Name of Clinical Supervisor	
Total Hours of Professional Experience	
Total Hours of Direct Counseling	Total Hours of Individual, Face-to-Face Clinical Supervision:
	Describe your duties:
Employed: From: MoYr To: MoYr	
Title of Position	
Name of Employer/Agency	
Name of Clinical Supervisor	
Total Hours of Professional Experience	
Total Hours of Direct Counseling	Total Hours of Individual, Face-to-Face Clinical supervision:

Applicant's Name)

SECTION 3----VERIFICATION OF PROFESSIONAL COUNSELING EXPERIENCE UNDER SUPERVISION

(Each clinical supervisor must complete a separate Section 3)

Name of LP	CA Supervision provided to:	
LPCA Licen	se Number:	
Date Superv	ision began: Date Supervision Ended:	
Date board	pproved supervision training completed:	
□ Copy of I	Board Approved Supervision Training Attached	
Supervisor		
1.	ne of LPCA Supervision provided to: A License Number: e Supervision began: board approved supervision training completed: Cropy of Board Approved Supervision Training Attached Dervisor 1. First. Middle Last Name Street Address City State Zip Code Email Address 2. Professional credential of supervisor: Check the one that applies. licensed professional counselor licensed psychiatris licensed psychiatris licensed psychiatris licensed may be a supervisor. License Mumber 3. Graduate Degrec(s) held. (Check all that apply) Major Emphasis Institution Year Awarded Masters degree in Specialist degree in Doctorate 4. The applicant named above has completed hours of professional counseling (direct and indirect) experience while under my supervision. (This is total working time and includes all professional activities. The applicant named above has completed hours of individual, face-to-face, weekly clinical supervision while under my general supervision. Do you know of any reason why this person should not be issued a certificate as a professional counselor? No Yes	
	First Middle Last Name	
	Street Address	
	City State Zip Code	Date Supervision Ended:
	Email Address	
2.	Professional credential of supervisor: Check the one that applies.	
	licensed psychiatristlicensed clinical social workerlicensed marriage and family therapist	
	License Number	
3.	Graduate Degree(s) held. (Check all that apply)	
	J	ded
	Specialist degree in	experience while ividuals, groups, supervision while
4.) experience while
		dividuals, groups,
		supervision while
		:?

APPLICANT'S NAME:				
Please comment on applicant's therape	utic compete	ence and ethical behavior:		
			Formation contains	ined is true,
Name				Date
EACH CONTROL (THIS SECONDARY) 1. The helping relationship in	CLIPLEASE EN GRADUATE CTION NOT	INICAL COUNSELOR TER <u>GRADUATE</u> LEVEL COURSES <u>ONLY</u> LEVEL COURSE MAY ONLY BE USED <u>ON</u> REQUIRED IF GOING FROM KY-LPCA TO OUNSELING theory and practice. (S	E TIME. KY-LPCC) tudies that p	provide an
techniques.) Educational institution				<u>. </u>
Educational institution	& Number	Course True (Spen out)	& Year	Hours
	(2.11)			
	CTION 4 - CURRICULUM STANDARDS FOR KENTUCKY LICENSED CLINICAL COUNSELOR PLEASE ENTER GRADUATE LEVEL COURSES ONLY. EACH GRADUATE LEVEL COURSE MAY ONLY BE USED ONE TIME. (THIS SECTION NOT REQUIRED IF GOING FROM KY-LPCA TO KY-LPCC) The liping relationship including counseling theory and practice. (Studies that provide an anding of the counseling and consultation processes. Example Courses: theories; and ues.) The prefix and consultation processes. Example Courses: theories; and ues.) The prefix and consultation processes. Example Courses: theories; and ues.) The prefix and consultation processes. Example Courses: theories; and ues.) The prefix and ues.) The prefix and ues. The prefix are prefix are prefix and ues. The prefix are prefi			
Educational institution	Prefix &			

Applicant's Name	
Applicant 5 Hanne	

		es that provide an understanding of care		
		lifestyle and career counseling; voo	cational co	ounseling;
occupational and educational info				C 1'4
Educational institution	Prefix &	Course Title (spell out)	Semester & Year	Credit Hours
	Number		cc rear	Hours
4 Group dynamics process co	nınseling	and consulting. (Studies that provide	an underst	anding of
		seling theories, group counseling method		
Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	&	(1	& Year	Hours
	Number			
			1 .	1' C
		individuals. (Studies that provide a sessment and evaluation. Example course		
individual appraisal; intelligence		essment and evaluation. Example cou	iises. iiiea	surement,
Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	&	Commercial (openion)	& Year	Hours
	Number			
1	1	1	i	t .

Aliaatla Nassa	
Applicant's Name	

6. Social and cultural found	lations, in	acluding multicultural issues. (Studie	s that pr	ovide an
understanding of issues and tre	ends in co	unseling with multicultural and diverse	e society.	Example
courses may include counsel	ling disad	lvantaged populations; counseling di	versity; c	counseling
minorities; counseling multicultu	ıral issues.)		_
Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	&		& Year	Hours
	Number			
	1	1		
Γ				
		tment planning, and prevention of me		
	havior. (Studies that provide differential diagn	osis, treat	ment and
prevention.)				
Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	&		& Year	Hours

Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	&	, ,	& Year	Hours
	Number		66 1641	110415
	Trustices			

Applicant's Name	

Educational institution	Prefix	Course Title (spell out)	Semester	Credit
	& Number		& Year	Hours

9. Professional orientation. (Studies that provide an understanding of all aspects of Professional Counseling including counseling history, counseling roles, organizational structures, professional counseling ethics, professional counseling standards, and licensing and credentialing in professional counseling. Example courses: introduction to counseling; professional orientation; legal and ethical issues in counseling.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

Practicum/Internship All applicants shall complete an organized practicum or internship in counseling consisting of at least six hundred (600) clock hours.								
Educational institution	Prefix & Number	Onsite Supervisor(s)	Semester & Year	Number of Practice Hours				